

NAME _____ DATE _____ DOB _____ SEX ___ CODE _____
REFERRED BY _____ OCCUPATION _____

HISTORY:

DV	LVE	WHERE/WHOM
NV	1st Rx	
HA	CL's	H/S/G D/EW/DISP/MONO-V SOLUTIONS
DBL	PMEH	
LIKE	Allergies	
DISLIKE		
BEST	Fam/Health	
WORST		
READ		
SPELL	Gen/Health	
WRITE		
FREETIME	Meds.	

VISUAL ACUITY WD _____ POSTURE _____

DV NO Rx DV W RX NV NO Rx NV W RX DV Pin
OD _____
OS _____
OU _____
COVER DISTANCE COVER NEAR

Motilities
HD S / M / L / ALL BODY S/M/L LIMITS _____
ACCURACY Ex / G / F / P _____
CNP RGR

WORTH 4 DOT DV NV +/-2.00

COLOR RANDOT/STEREO

STRESS POINT RETINOSCOPY

KERATOMETRY

OD _____ X _____
OS _____ X _____
Keystone Basic Binocular Suppression Y / N
Localize Y / N Depth Y / N / Gross Only
PUPILS PERRLA Y/N MARCUS-GUNN Y/N

TONOMETRY TIME _____ TYPE _____
OD _____ mm/HG OS _____ mm/HG
SLIT LAMP

INTERNAL

Analytical

RETINOSCOPY

4 OD _____

OS _____

SUBJECTIVE (Binoc Most+ Least-)

7 OD _____ OD 20/ _____

OS _____ OS 20/ _____

OU 20/ _____

SUBJECTIVE (Largest)

7A OD _____ OD 20/ _____

OS _____ OS 20/ _____

OU 20/ _____

DIST PHORIA 8 Through 7/7A

8 _____

3 _____ 13 A _____

CONTROL INDICATOR

7 7A PLANO CL's _____

DISTANCE EQUILIBRIUM

9/10 _____ / _____ / _____ S I L O

11 _____ / _____ / _____ S I L O

NEAR PHORIA

13B _____

UNFUSED CROSS CYLINDER

14A OD _____ A G

OS _____ A G

FUSED CROSS CYLINDER

14B _____ A G

PHORIA With 14B

15B _____

NEAR EQUILIBRIUM

16 _____ / _____ / _____ S I L O

17 _____ / _____ / _____ S I L O

PRA/NRA

21 _____ A G

20 _____ A G

VERTICAL PHORIA

12 _____ RANGE _____

18 _____ RANGE _____

CL OVER REFRACTION

OD _____ OS _____

HAB RX OD _____

OS _____

ALTERNATIVES OF CARE:

1. COMPENSATORY LENS ONLY OR NO TREATMENT

Rx OD _____ Add _____

OS _____ Add _____

PROGNOSIS:

2. LENS TREATMENT ALTERNATIVE

Rx OD _____ Add _____

OS _____ Add _____

PROGNOSIS:

3. LENS TREATMENT WITH VISION THERAPY

Rx OD _____ Add _____

OS _____ Add _____

PROGNOSIS:

DATE _____ FINAL PRESCRIPTION PD ___/___

OD _____ ADD _____ PRISM _____

OS _____ ADD _____ PRISM _____

SEG TYPE _____ LENS TYPE _____

SEG PLACEMENT _____ TINTING _____

FRAME NAME _____ FRAME SIZE _____

FRAME COLOR _____ TEMPLE TYPE _____

TEMPLE LENGTH _____ INVENTORY # _____

GLASSES USE: All the time NV only DV only

Occupationally As needed